

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/575,634

FILING DATE

4-11-06

APPLICANT(S)

6-30-06 CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1		2	
3				1		
4				1		
5				1		
6				3		
7				0		
8				0		
9				0		
10				0		
11				1		
12				1		
13				1		
14				2		
15				0		
16				0		
17				0		
18				0		
19				0		
20				0		
21				0		
22				0		
23				0		
24				1		
25			1			
26				1		
27				1		
28				1		
29				4		
30				0		
31				0		
32				0		
33				0		
34			1			
35				1		
36				2		
37				1		
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL DEP.		↓	3	↓		↓
TOTAL DEP.	←		39	←		←
TOTAL CLAIMS			42			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60			1			
61				1		
62				1		
63				1		
64				1		
65				1		
66				1		
67				1		
68			1			
69				1		
70				1		
71			1			
72				1		
73				1		
74				1		
75				1		
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL DEP.		↓	4	↓		↓
TOTAL DEP.	←		36	←		←
TOTAL CLAIMS			40			